Assertive Community Treatment in Iowa:

Progress and Challenges

Nancy Williams, MD

MHDS Commission Meeting
August 19, 2021

Introduction

Treatment for people with serious mental illness, such as schizophrenia, is among the most difficult challenges in medicine

- No known cure, disease often strikes young adults
- Treatment relies on public funding in a system widely acknowledged to be broken
- Many who receive inadequate care become homeless, incarcerated, or worse

A startling number of people do not have access to care known to be effective, such as **ACT…**

Today's Objectives

- Familiarize stakeholders with the ACT model and it development in Iowa
- Encourage discussion about increasing availability and sustainability of ACT in Iowa

ACT Model

The Who, What, Why, and How of ACT

ACT Overview
How did it start?

- Wisconsin, 1970's
- Inpatient research team at Mendota State Hospital (Marx, Stein, Test) noted "revolving door" phenomenon
  - People were struggling to adjust to living outside the institution without adequate support-> repeat hospitalizations, homelessness, incarceration
- Moved hospital ward treatment staff into the community to provide treatment, rehab, and support in homes, jobs, and social settings.

ACT Overview

How well did it work? Outcomes

- Fewer hospitalizations
- Improved housing stability

"No psychosocial intervention has influenced current community mental health care more than assertive community treatment"
Drake and Burns in Psychiatric Services, 1995

- Findings have been replicated in more than 25 randomized controlled trials

ACT Overview

Who is it for?

- People with serious mental illness
  - Primarily schizophrenia, schizoaffective, bipolar and severe depressive disorders
- Those who are the highest utilizers of health care resources
  - Institutionalization
  - Acute hospitalizations
  - Homeless/jailed

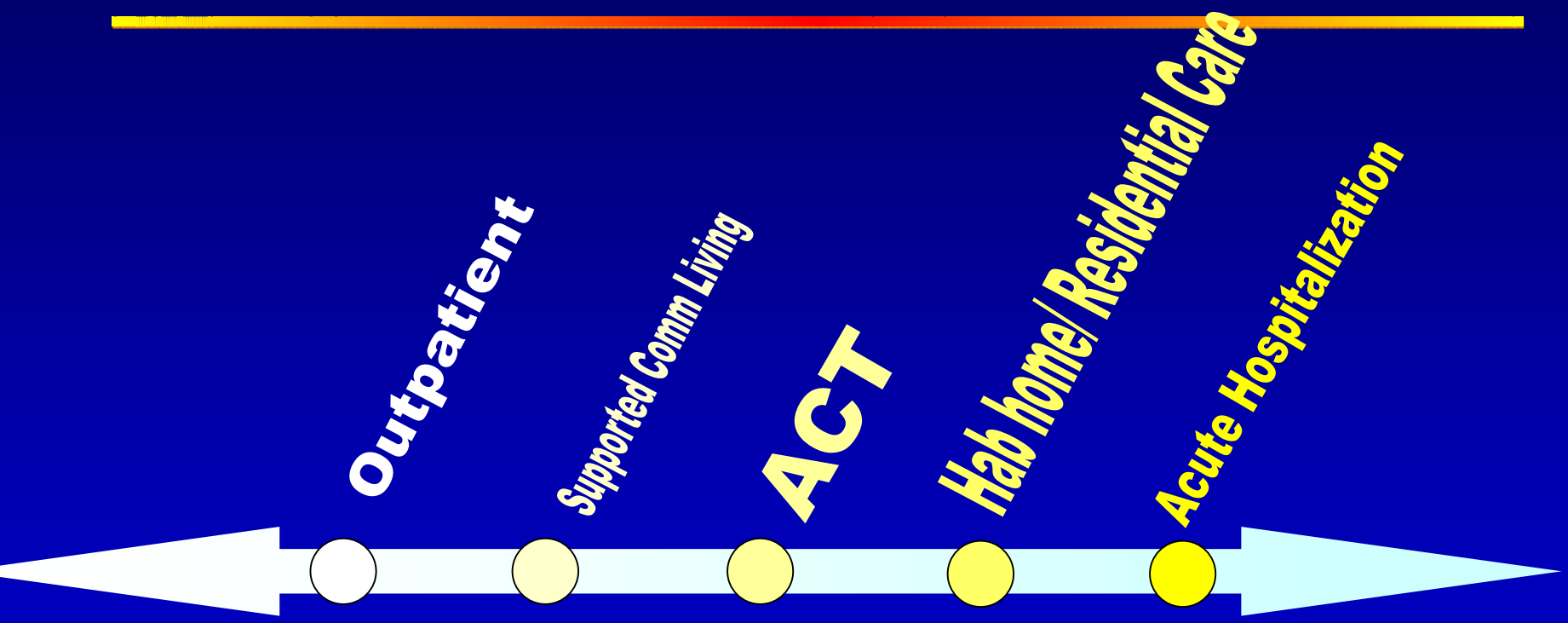
ACT Overview

What makes ACT different from traditional outpatient services?

- Multidisciplinary team approach/shared caseload
- Integration of all services
- Low client-staff ratios
- Intensive yet flexible level of service
- Locus of contact in the community
- Assertive outreach
- Ready access in times of crisis
- “Time unlimited”

ACT Overview

ACT in the Continuum of Care



ACT <u>does not eliminate</u> the need for RCF/hab home or hospitalization in the continuum of care

Assertive Community Treatment In Iowa:

Progress!

ACT in Iowa

Timeline – Some Key Events

1996	First Team – IMPACT in Iowa City (UIHC)
1998	Des Moines, Cedar Rapids
2003-10	ACT Technical Assistance Center *
2004	Fort Dodge
2006	Council Bluff
2009	ACT on the Medicaid menu of services
2011	Forensic team Des Moines
2015	CCBHC planning grant
2017	Waterloo, Spencer, Knoxville
2018	House File 2456. Davenport, Ames
2019	Dubuque, Ottumwa

* Funded by DHS through its contract with Magellan Health Services

ACT teams Iowa: as of 8/2021

Established	Location	Agency
1996	Iowa City	UIHC
1998	Des Moines	Eyerly Ball
1998	Cedar Rapids	Abbe Center
2004	Fort Dodge	Berryhill MHC
2006	Council Bluffs	Heartland Fam Services
2011	Des Moines - Forensic	Eyerly Ball
2017-18	Waterloo, rural ~ CR, rural Knxville, Leon	RHD x 3 teams
2018	Davenport	Vera French
2018	Ames	Eyerly Ball
2019	Dubuque	Hillcrest Family Services
2019	Spencer	SeasonsCenter
2019	Ottumwa	SE Iowa MHC
Coming soon!	Mason City	Praire Ridge

ACT in Iowa

Outcome Measures – Pre and Post ACT*

	Pre	Post	Chg.
Homeless	11.6	1.2	-90%
Incarcerated	10.8	1.2	-88%
Employed	16%	44%	+33%
Abusing substances	29%	27%	-6%

Outcomes are dependent on fidelity to the ACT model => DACTS audits

* Technical Assistance Center 2003-2010

Paid for by the Iowa Department of Human Services through its contract with Magellan Health Services for Iowa Plan for Behavioral Health Community Reinvestment funding

ACT in Iowa
Outcomes and Cost of ACT

- Hospitalization/residential/MHI savings cover the cost of the program (Ft Dodge example)
- “Not counted” in $$
  - Over 75% reduction in incarceration and homelessness
  - Higher employment rates, satisfaction with services

The Challenges

The Challenges
A clinician's view

- Funding
  - Sustainable rate with MCO's
  - Denials for continued stay
- Referrals
  - Difficulties stemming from people who need a higher level of care than ACT can provide
  - ACT is a lower level of care than hab home or RCF
- Workforce
  - "non standard" work environment
  - Salaries must be competitive

The Challenges
Start up funding

- Programs typically lose money for the first few years.
  - Low census
  - Need for technical assistance and consulting
  - Facilities start-up
- Annual short fall can be $.5 to $1 million.
- No consistent mechanism to provide start up; each start up requires a special arrangement.

The Challenges
Rural Coverage

- More expensive
- Workforce even more of a challenge
- Modifications from basic model
  - Fidelity Standards
- Examples from surrounding states:
  - Minnesota
  - Wisconsin

ACT in Iowa
Conclusions

- Iowa has demonstrated ability to do ACT and achieve the benefits.
- We've come a long way!
- Challenges to ACT growth and sustainability in Iowa include
  - Funding issues: start up, sustainable rate
  - Workforce
  - Blurring in the continuum of care